

# PERSONAL DATA SHEET

**WARNING:** Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	CASTIL		
FIRST NAME	JHONAVEL		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	ROMBLON		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 23, 1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ANAHAWAN, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details:	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Philippines	
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	GUMAMELA ST. House/Block/Lot No. Street MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.55 m	ZIP CODE	6521
8. WEIGHT (kg)	62 kg	18. PERMANENT ADDRESS	House/Block/Lot No. Street LEWING Subdivision/Village Barangay ANAHAWAN SOUTHERN LEYTE City/Municipality Province
9. BLOOD TYPE	AB+	ZIP CODE	6610
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121143904491	20. MOBILE NO.	0955-420-9673 / 0928-755-6851
12. PHILHEALTH NO.	03-025772050-7	21. E-MAIL ADDRESS (if any)	rjhonavel@yahoo.com
13. SSS NO.	03-45123574-8		
14. TIN NO.	322-041-301-000		
15. AGENCY EMPLOYEE NO.	N/A		


## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	EROS GAVIN CASTIL	FEB. 26, 2019
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CASTIL			
FIRST NAME	NILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MATAFLORIDA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROMBLON			
FIRST NAME	REFELYN			
MIDDLE NAME	PALCO		(Continue on separate sheet if necessary)	

## III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	MAHALO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2007	GRADUATED	2007	SALUTATORIAN
SECONDARY	SAINT ANTHONY'S HIGH SCHOOL	SECONDARY EDUCATION	2007	2011	GRADUATED	2011	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	METRO MANILA COLLEGE	BSBA-FINANCIAL MANAGEMENT	2011	2015	GRADUATED	2015	MAGNA CUM LAUDE
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/12/21
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	04/12/21
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SIGNATURE	<i>[Signature]</i>	DATE	04/12/21
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SIGNATURE	<i>[Signature]</i>	DATE	04/12/21
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# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NONE				

(Continue on separate sheet if necessary)

# VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	3 hrs.	Technical	VISAYAS STATE UNIVERSITY
	FMU General Assembly cum Teambuilding	12/2/2016	12/3/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Finance Management Unit 1st Semestral Program Implementation Review CY 2016	7/7/2016	7/9/2016	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Roll-Out Training on the Implementation Government Accounting Manual	5/13/2016	5/13/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Orientation on the National Cultural Heritage Act of 2009	4/19/2016	4/19/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Bottom-Up Budgeting Year-End Implementation Review	2/23/2016	2/24/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Training on Project Management for BUB Field Staff	12/1/2015	12/3/2015	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION

(Continue on separate sheet if necessary)

# VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	SPORTS (Volleyball, Badminton)		NONE		VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE
	COOKING				ADMINISTRATIVE PERSONNEL ASSOCIATION
	DANCING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/12/21
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,  
a. within the third degree?  
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☒ NO  
☐ YES ☐ NO  
If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?  
b. Have you been criminally charged before any court?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Status of Case/s: \_\_\_\_\_

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

☒ YES ☐ NO  
If YES, give details: FINISHED CONTRACT

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO  
If YES, give details (country): \_\_\_\_\_

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  
a. Are you a member of any indigenous group?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☒ YES ☐ NO  
If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
MA. ENCARNACION V. QUADRA	QUEZON CITY	09178830085
MARILYN S. CANUEL	SAMPALOC, MANILA	09432024794

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **SSS**

ID/License/Passport No.: **CRN-0111-4863951-0**

Date/Place of Issuance: **OCTOBER 27, 2015**

*[Signature]*

Signature (Sign inside the box)

**04/12/2021**

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath